**WRITTEN EVIDENCE FOR LINKAGE INFRASTRUCTURE, EQUIPMENT AND FACILITIES (LIEF) FOR FUNDING COMMENCING IN 2022**

**(For evidence of agreement from Proposal Participants and Organisations)**

The Administering Organisation is required to obtain written evidence of all the relevant persons and organisations necessary to allow the proposed Project to proceed as specified in the

***Grant Guidelines for the Linkage Program (2019 edition), Linkage Infrastructure, Equipment and Facilities* (grant guidelines)**

This form requires completing by **each** of the participants and the participating organisations.

|  |  |  |
| --- | --- | --- |
| **Application ID LE22xxxxxxx** | **Lead CI name:** |  |

**PART A – PARTICIPANTS**

**Certification by Chief/Partner Investigators (including lead CI)**

I certify that:

1. I have Head of School/Department/Organisation support for this application;
2. all the details on this application are true and complete;
3. proper inquiries have been made and I am satisfied that I meet the eligibility criteria as specified in the grant guidelines;
4. as a participant listed on the application I have responsibility for the authorship and intellectual content of this application, and have appropriately cited sources and acknowledged significant contributions where relevant;
5. I have complied with the grant guidelines,and the *Linkage Infrastructure, Equipment and Facilities Instructions to Applicants for funding commencing in 2022* and if the application is successful I agree to abide by the relevant Commonwealth grant agreement*;*
6. I understand and agree that all statutory requirements must be met before the proposed research can commence;
7. I have notified the Administering Organisation (Deakin University) of any actual or potential Conflicts of Interest I may have in relation to the application and I undertake that, if the application is successful, I will notify the Administering Organisation of any conflicts of interest which arise subsequent to the submission of the application;
8. I will notify the Administering Organisation if there are any changes in my circumstances which may impact on my eligibility to participate in, or ability to perform, the project subsequent to the submission of this application; and
9. To the best of my knowledge, the Partner Organisations involved in this application are solvent at the time of submission of this application.

In participating in this application, I consent to:

1. this application being referred under confidentiality conditions to third parties, including to overseas parties who will remain anonymous, for assessment purposes;
2. this application being provided to third parties for the purposes of assessment for potential other funding opportunities; and
3. the ARC copying, modifying and otherwise dealing with information contained in the application, for the purpose of conducting the funding round.

Please tick one:

|  |  |  |
| --- | --- | --- |
| **Lead Chief Investigator** | **Chief Investigator** | **Partner Investigator** |

|  |  |  |
| --- | --- | --- |
|  |  | **FTE on project** |
| **Name of Participant:** |  |  |
| **Name of Participant’s Organisation:** |  | |
| **Participant’s signature:** |  | |
| **Date:** |  | |

**PART B – PARTICIPATING ORGANISATIONS**

***Note****: Part B must be completed.*

**Certification by Organisations contributing to the project**

* **Head of School/Institute (For Deakin CIs),**
* **DVCR, CEO or delegate to certify and sign (for all non Deakin participants)**

I certify that:

1. my organisation supports the application and will contribute the resources outlined in the application and as per the below table; and
2. I have complied with the grant guidelines ,and if the application is successful I agree to abide by the the relevant Commonwealth grant agreement including the requirement to enter arrangements for intellectual property; and
3. I agree that the project will not be permitted to commence until there is an ethics plan in place to ensure that the appropriate clearances or other statutory requirements will be met before the part/s of the project that require those clearances commence.

Head of School/Institute/DVCR/CEO or delegate:

|  |  |
| --- | --- |
| **Full name:** |  |
| **Position:** |  |
| **Name of Organisation:** |  |
| **Signature:** |  |
| **Date:** |  |

Funding to be contributed by the participating organisation:

* Table is to be completed by an authorised delegate of the organisation only

|  |  |  |  |
| --- | --- | --- | --- |
| **Year \*** | **$ Cash** | **$ In-kind** | **$ Total** |
| **2022** |  |  |  |

\*Add rows as required